

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 21575
5263
Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY OR TOWN St. Louis, 0		c. LENGTH OF STAY (in this place) 25 yrs.		c. CITY OR TOWN St. Louis, 17		d. STREET ADDRESS (If rural, give location) 15 - 4138 Michigan Ave. 5	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital				3. NAME OF DECEASED a. (First) Mary b. (Middle) Anna c. (Last) Reinhardt			
4. DATE OF DEATH (Month) (Day) (Year) June 16, 1949.		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH April 15, 1874		9. AGE (in years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Paderborn, Illinois /		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Herold		13b. MOTHER'S MAIDEN NAME Caroline Englert	
14. NAME OF HUSBAND OR WIFE Frank X. Reinhardt		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Catherine Reinhardt	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral-vascular accident - non traumatic</u> ANTECEDENT CAUSES <u>hypertensive heart disease</u> DUE TO (b) <u>hypertensive heart disease</u> DUE TO (c) <u>none</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6/14/49</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis, Mo.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Hit by V</u>					
22. I hereby certify that I attended the deceased from <u>6/10</u> , 19 <u>49</u> , to <u>6/16</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>6/16</u> , 19 <u>49</u> , and that death occurred at <u>9:15 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Paul M. Paschke M.D.</u>				23b. ADDRESS <u>5203 Chippewa</u>		23c. DATE SIGNED <u>6/17/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 20, 1949		24c. NAME OF CEMETERY OR CREMATORY Greenmount Cemetery		24d. LOCATION (City, town, or county) (State) Belleville, Ill.	
DATE REC'D BY LOCAL REG. JUN 17 1949		REGISTRAR'S SIGNATURE <u>J. B. Laster</u>		25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary		ADDRESS 2842 Meramec St.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ME

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Joe D. Benz
4249

Signed _____
Student Embalmer

Licensed Embalmer No. _____
2842 Meramec St.
P. O. Address St. Louis, 18, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is, not embalmed, fact should be so stated above.